

### **U.S. Department of Justice**

Office of the United States Trustee

Region 2/Southern District of New York

33 Whitehall Street, Suite 2100 New York, NY 10004 Phone: 212-510-0500 Fax: 212-668-2255

October 8, 2005

To the largest unsecured creditors of:

### DELPHI CORP., et al., Case No. 05-44481 (jointly administered)

**NOTICE IS HEREBY GIVEN** that the Office of the United States Trustee for the Southern District of New York will hold an organizational meeting for unsecured creditors in the above-referenced bankruptcy case on **Monday**, **October 17**, **2005**, **at 11:00 a.m. (E.S.T.)** at the following location:

Marriott Marquis New York – Astor Ballroom Times Square, 1535 Broadway New York 10036 (212.398.1900)

The sole purpose of the meeting will be to form a committee or committees of unsecured creditors in this case. This is not the meeting of creditors pursuant to Section 341 of the Bankruptcy Code. However, a representative of the Debtor will attend and provide background information regarding the case.

If you wish to be considered for membership on any committee that is formed, please complete the enclosed "CREDITORS COMMITTEE ACCEPTANCE FORM" and return it to the Office of the United States Trustee via facsimile, Attention: Alicia M. Leonhard, Trial Attorney, no later than 12:00 noon on Thursday, October 13, 2005. Please send a representative to the organizational meeting who is authorized to act on your behalf.

If you do not wish to serve on a creditors committee, your presence at the meeting is not required. Please note that your presence at this meeting is not required for the purpose of submitting a claim against the Debtor.

Very truly yours,

DEIRDRE A. MARTINI UNITED STATES TRUSTEE

By: /s/ Alicia M. Leonhard
Alicia M. Leonhard
Trial Attorney

# OFFICE OF THE UNITED STATES TRUSTEE FOR THE SOUTHERN DISTRICT OF NEW YORK

33 Whitehall Street, 21st Floor New York, New York 10004 Tel. No. (212) 510-0500 Fax No. (212) 668-2255

**AML** 

#### **CREDITORS' COMMITTEE ACCEPTANCE FORM**

Re: DELPHI CORP., et al., CASE NO. 05-44481 (jointly administered)

## PLEASE TYPE OR PRINT NEATLY AND CLEARLY:

The undersigned creditor is willing to serve on the Committee of Unsecured Creditors of the Debtors:

	UNSECURED CREDITOR'S NAME, ADDRESS, TELEPHONE AND TELECOPY NUMBERS:
_	
	NAME OF COUNSEL (if any) FOR CREDITOR, ADDRESS, TELEPHONE AND TELECOPY NUMBERS:
	IF YOU ARE REPRESENTED BY COUNSEL, DOES YOUR ATTORNEY REPRESE ANY OTHER PARTIES IN THIS CASE. Please check one of the following: YE NO I DO NOT KNOW.
	PLEASE INDICATE WHETHER YOU HAVE GIVEN A PROXY TO YOUR ATTORNEY IN CONNECTION WITH YOUR CLAIM YES NO. (If you have given a proxy to your attorney, please provide a photocopy of the proxy to the Unit States Trustee along with this creditor committee acceptance form on or before the organizational meeting.)
	AMOUNT OF UNSECURED CLAIM:  \$
	TO DATE, HAVE YOU OR YOUR ATTORNEY ENTERED INTO A SETTLEMENT AGREEMENT WITH THE DEBTOR REGARDING RESOLUTION OF YOUR CLAIM YES. NO.

H.	TYPE OF CLAIM. PLEASE CHECK ONE OF THE FOLLOWING: TRADE BOND OTHER. IF YOU ANSWERED "OTHER", PLEASE DESCRIBE THE NATURE OF YOUR CLAIM BELOW.
I.	ARE YOU A HOLDER OF A CLAIM ARISING OUT OF YOUR ROLE AS AN OFFICER OR DIRECTOR OF THE DEBTOR YES NO. IF YOUR ANSWER IS YES, PLEASE INDICATE THE POSITION:
J.	ARE YOU RELATED TO AN OFFICER OR DIRECTOR OF THE DEBTOR, OR A PERSON IN CONTROL OF THE DEBTOR YES NO. IF YOUR ANSWER IS YES, PLEASE DESCRIBE THE RELATIONSHIP:
K.	ARE YOU SITTING ON ANY UNOFFICIAL AD HOC COMMITTEE[S] OR OFFICIAL EQUITY OR UNSECURED CREDITORS' COMMITTEE[S] IN ANY OTHER BANKRUPTCY CASES OF DEBTORS IN THE SAME INDUSTRY AS DELPHI? YESNO.  IF YES, PLEASE STATE THE NAME AND NUMBER OF THE CASE, THE TYPE OF COMMITTEE, AND THE COURT IN WHICH THE CASE IS PENDING
L.	PLEASE CLARIFY WHETHER YOUR COUNSEL REPRESENTS ANY PARTY SITTING ON ANY COMMITTEES IN ANY OTHER BANKRUPTCY CASES OF DEBTORS IN THE SAME INDUSTRY AS DELPHI? YESNO. IF YES, PLEASE STATE THE NAME AND NUMBER OF THE CASE, THE TYPE OF COMMITTEE, AND THE COURT IN WHICH IT IS PENDING
PRIN	E: NATURE: NATURE: NAME AND TITLE OF SON COMPLETING FORM:

- KINDLY ANSWER ALL QUESTIONS SO THAT THIS FORM CAN BE PROCESSED PROPERLY WITHOUT DELAY.
- PLEASE RETURN TO THE UNITED STATES TRUSTEE BY TELECOPIER, ATTN: ALICIA M. LEONHARD, TRIAL ATTORNEY, BY 12:00 P.M. ON THURSDAY, OCTOBER 13, 2005.
- THIS IS NOT A PROOF OF CLAIM FORM. PROOFS OF CLAIM ARE FILED WITH THE CLERK OF THE BANKRUPTCY COURT, NOT WITH THE UNITED STATES TRUSTEE.